

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Department of Finance and Administration / Bureau of Building, Grounds and Real Property Management	CONTACT PERSON Tricia Weir (for BoB)	TELEPHONE NUMBER 601-359-3621	
ADDRESS 501 North West Street, Suite 1401B Woolfolk Building	CITY Jackson	STATE MS	ZIP 39201
EMAIL Tricia.weir@dfa.ms.gov	SUBMIT DATE 12/24/14	Name or number of rule(s): Title 12, Part 3, Division 0, Section 00300 Proposal Form, BoB Manual	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Main Table of Contents for Div 600 and Div 600 Table of Contents adjusted pg numbers; §400 400.5.B.7.b & 400.7 original & 4 to original & 1; 400.1 latest [Code] edition to latest DFA/BoB adopted edition; 400.11 SB3007 L08 to Code 31-11-35; 400.11 C & 400.11.D wording re SB3007 L08 to Code 31-11-35; §600 600.55 Rule 12 to 30-9-802:1.2(8) & subs prior to award; 600.57.9 and .10 re preferably embossed seal; §700 700.19 new State Seal; 700.22 and 700.25 original & 4 copies to original & 1 copy; Div0 00100 4.01 Office closure; 00100 4.06 receipt of contracts; 00600 Bond notes added preferably embossed; 00650 Certificate & Instructions added Workers Comp requirements/web; Div1 01010.1.01.F subs prior to award; 01027.1.02.C.1 4 copies to 1 copy; 01500.1.02.J new State Seal; Div 1 Ex B new State Seal; Appendix 600 App for Pay 3 copies to original & 1 copy updated/printed from Bricks; Appendix 700 Pre-Con Agenda updated/printed from Bricks. – Notation: Changed the effective date throughout document from Dec 2014 to Jan 2015 in the manual – but with no substantive changes made to the manual.

Specific legal authority authorizing the promulgation of rule: Section 31-11-35(2)(l)

List all rules repealed, amended, or suspended by the proposed rule: Amends Title 12, Part 3, Section 00300, Division 0, BoB Policy Manual

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____

☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
<input type="checkbox"/> Original filing <input type="checkbox"/> Renewal of effectiveness To be in effect in _____ days Effective date: <input type="checkbox"/> Immediately upon filing <input type="checkbox"/> Other (specify): _____	Action proposed: <input type="checkbox"/> New rule(s) <input type="checkbox"/> Amendment to existing rule(s) <input type="checkbox"/> Repeal of existing rule(s) <input type="checkbox"/> Adoption by reference Proposed final effective date: <input type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____	Date Proposed Rule Filed: 10/31/14 Action taken: <input checked="" type="checkbox"/> Adopted with no changes in text <input type="checkbox"/> Adopted with changes <input type="checkbox"/> Adopted by reference <input type="checkbox"/> Withdrawn <input type="checkbox"/> Repeal adopted as proposed Effective date: <input checked="" type="checkbox"/> 30 days after filing <input type="checkbox"/> Other (specify): _____

Printed name and Title of person authorized to file rules: Tricia Weir

Signature of person authorized to file rules: *Tricia Weir*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; padding: 10px; text-align: center;">FILED DEC 24 2014 MISSISSIPPI SECRETARY OF STATE</div>
Accepted for filing by	Accepted for filing by	Accepted for filing by <i>#20977</i>

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.